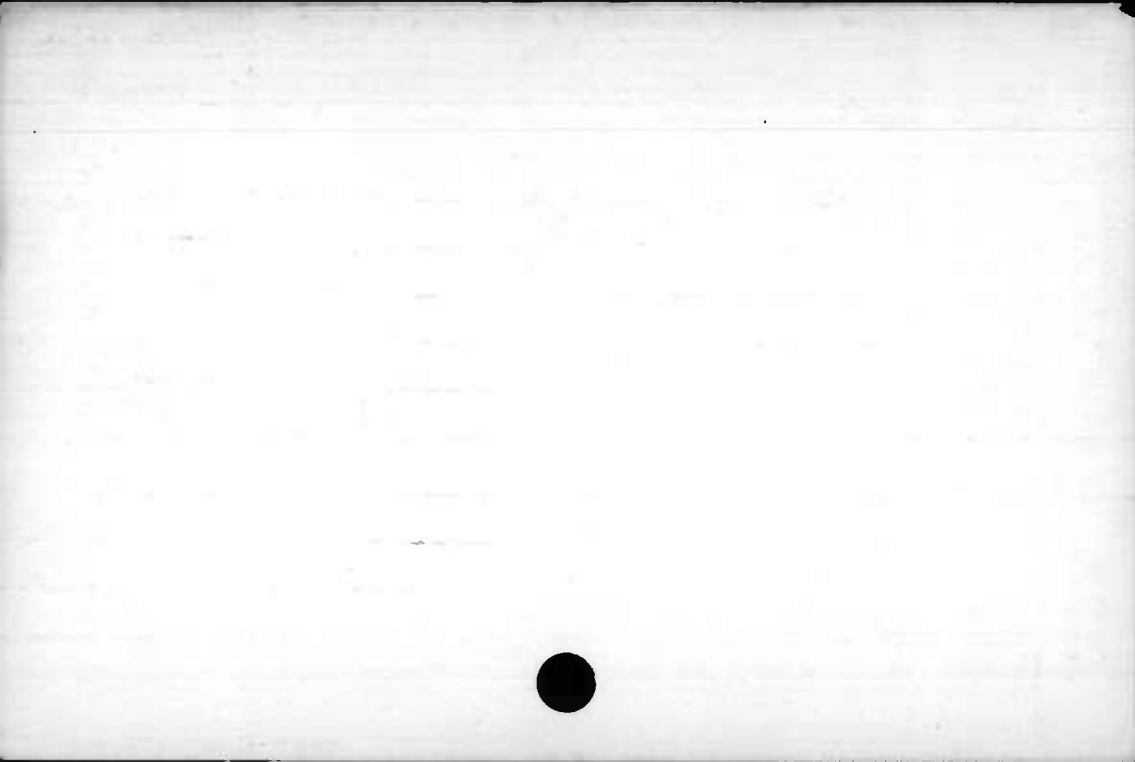
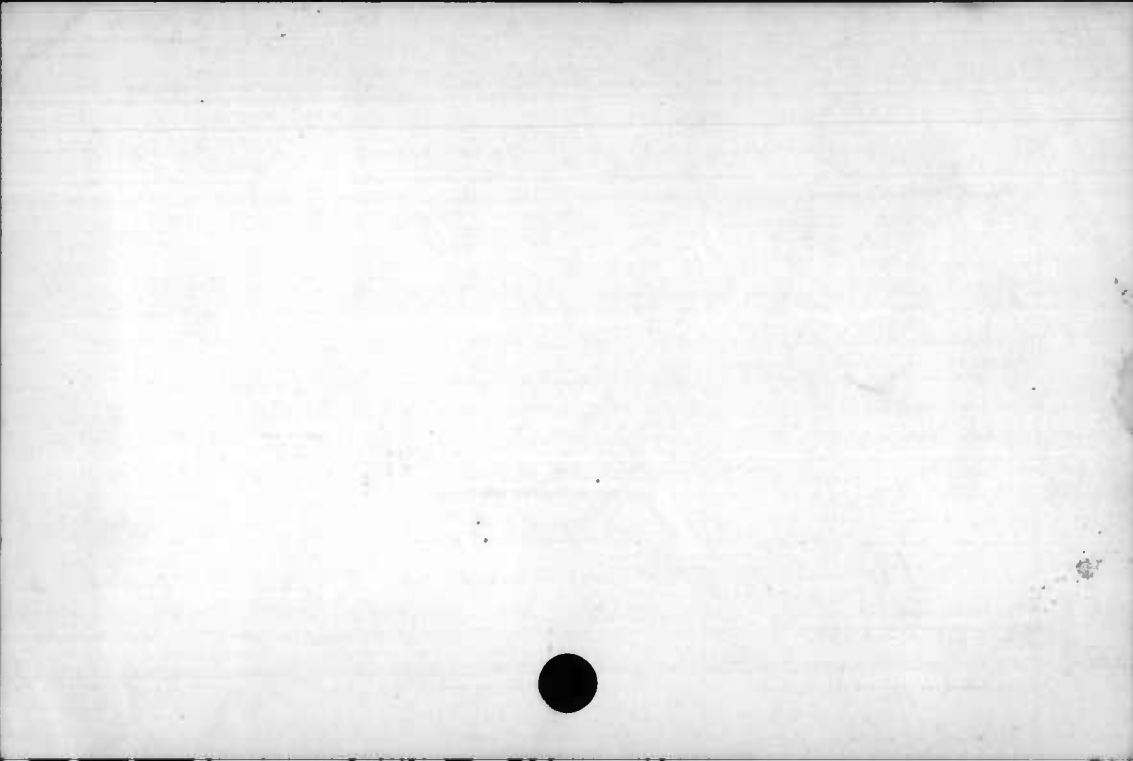


Name in Full		Elizabeth E. Birkhead				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Sunderland		County Culbert		MARYLAND		
	Date of death		1905	Month March	Day 14	Years 59		Months 9	Days
	Sex		Female		Color or Race		White	Birth-place	Cal. Co.
	Occupation				Housekeeper			Where Residing if not at place of death	
	Married, Single or Widowed		Single		Name of Wife or Husband				
	Father's Name				Jm. Birkhead		Father's Birthplace	Cal. Co.	
	Mother's Maiden Name				Susan Liland		Mother's Birthplace	" "	
Name of person giving information				J.W. Birkhead		How related to deceased	Brother		
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary				Chronic Bronchitis & Asthma		How long	20 yrs	
	Immediate				Exhaustion		How long	10 days	
	Are the name, age, sex, color, date and place correctly given above?				Yes				
					Signature of Physician		J.W. Litch		
					Address		Huntingtown Md		
Accident or Suicide?									



Name in Full		Caroline Brown				36		DATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County		MARYLAND		
		Date of death		Month	Day	Age	Years	Months	Days
		Sex		Color or Race		Birth-place			
		Occupation		Where Residing if not at place of death					
		Married, Single or Widowed		Name of Wife or Husband					
		Father's Name		Father's Birthplace					
		Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		Annie Harden		How related to deceased		Daughter			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary		How long					
		Immediate		How long					
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		99 ✓			
		John T. Brook		Address					
Accident or Suicide?									



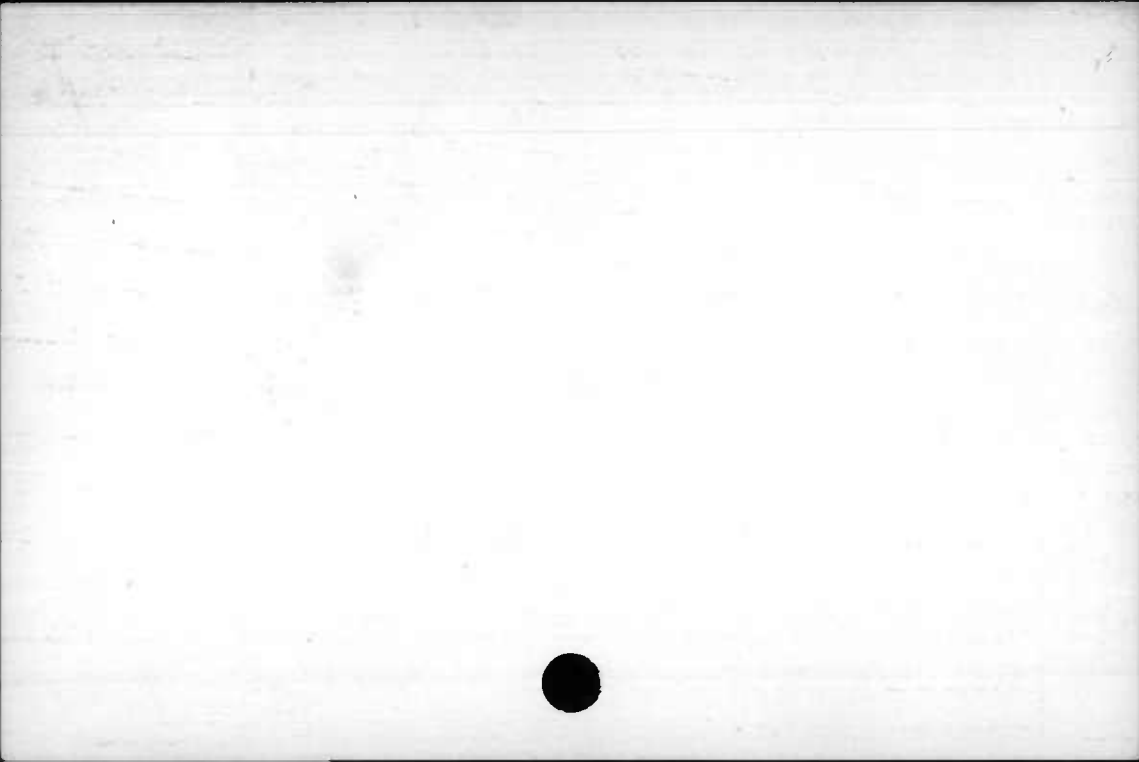
Name
in
Full34
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near</i> ^{Town} <i>Bourne</i> ^{County} <i>Calvert</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>March</i>	Day <i>4</i>	Age <i>1</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>Bourne Md.</i>	
Occupation <i>_____</i>	Where Residing if not at place of death <i>Bourne Md</i>		
<input checked="" type="checkbox"/> Married, Single or <input type="checkbox"/> Widowed	Name of Wife or Husband <i>_____</i>		
Father's Name <i>Luther Gray</i>	Father's Birthplace <i>Calvert Co Md</i>		
Mother's Maiden Name <i>Mammi Williams</i>	Mother's Birthplace <i>" " "</i>		
Name of person giving information <i>Father</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Cyanosis</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. B. Smith</i>
	Address <i>Mutual Md</i>
Accident or Suicide?	



Name
in
Full
 35
 CERTIFICATE OF DEATH

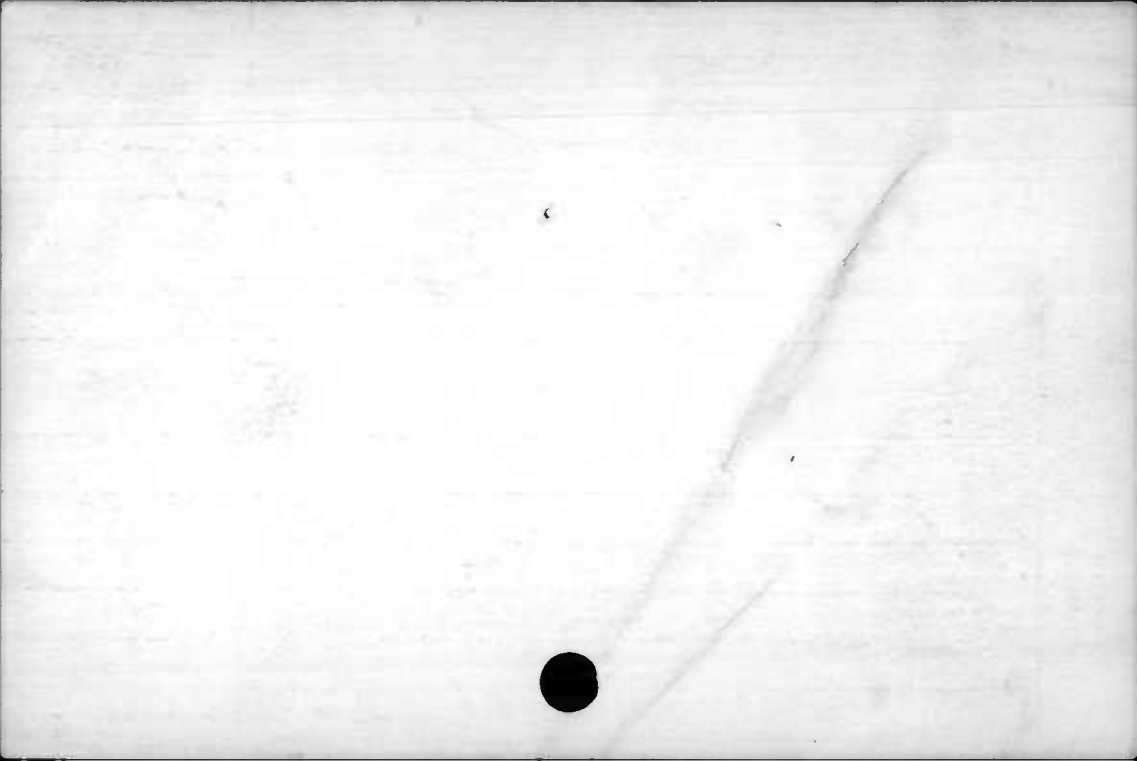
 TO BE ANSWERED BY
 NEAREST FRIEND

Died at <i>near Baltimore</i>		Town		County		MARYLAND	
Date of death	1905	Month	March	Day	3	Age	2 19
Sex	<i>colored</i>		Color or Race		<i>dark</i>		Birth-place
Occupation				Where Residing if not at place of death		<i>Calver Co</i>	
Married, Single or Widowed				Name of Wife or Husband			
Father's Name		<i>Gas H. Brown</i>		Father's Birthplace		<i>Calver Co</i>	
Mother's Maiden Name		<i>Mattie Brown</i>		Mother's Birthplace		<i>" "</i>	
Name of person giving information		<i>Calver Brown</i>		How related to deceased		<i>Wife</i>	

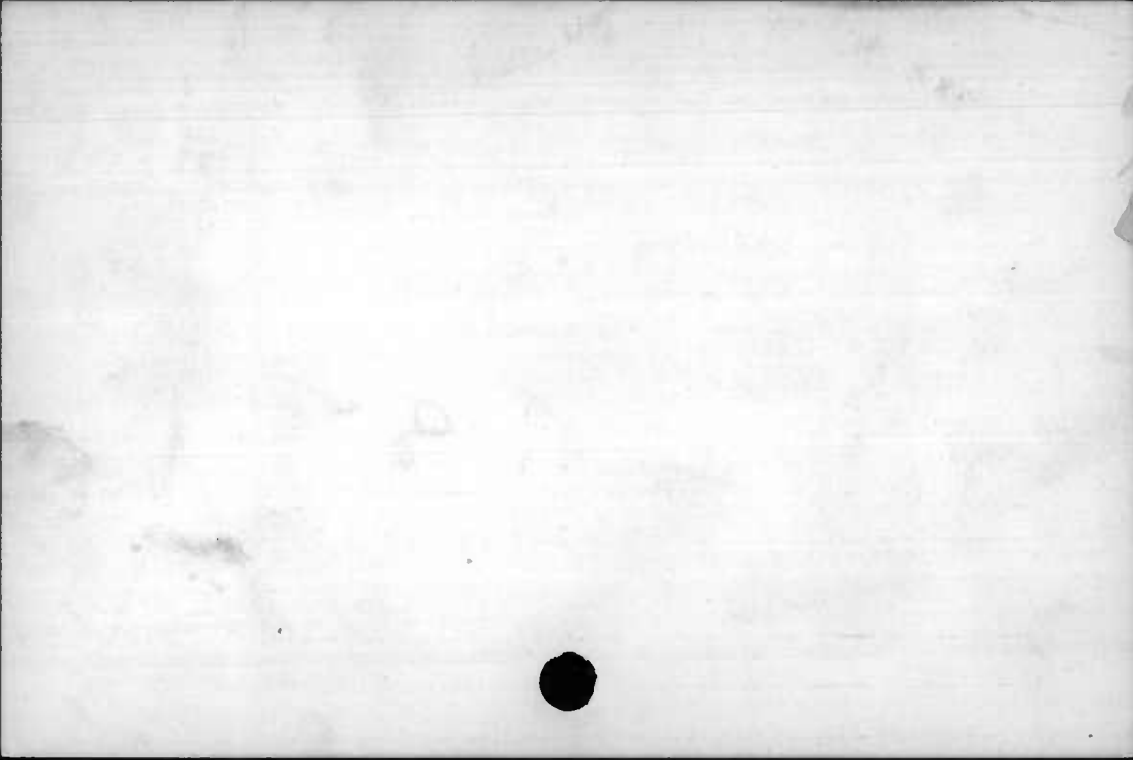
CAUSES OF DEATH

 PHYSICIAN
 OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Burnabists		Calvert		MARYLAND			
		Date of death	1905	Month	March	Day	2	Age	22	Months	Days
		Sex	Female		Color or Race	Black		Birth-place	Calvert		
		Occupation	Housewife				Where Residing if not at place of death				
		Married, Single or Widowed	Married		Name of Wife or Husband	Alexandra Grace					
		Father's Name	James Brown					Father's Birthplace	Calvert		
		Mother's Maiden Name	Caroline White					Mother's Birthplace	Calvert		
		Name of person giving information					How related to deceased				
CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary		Apoplexy			How long		4 hrs		
		Immediate		Paralysis			How long				
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		J. M. King M.D.			
						Address		Barstow Md.			
		Accident or Suicide?									



Name
in
Full

GROVER (M.D.)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mount Harmony</i>		County <i>Calvert</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Mar</i>	Day <i>7</i>	Years	Months	Days
Age <i>Still Born</i>		Sex <i>Male</i>		Color or Race <i>White</i>	
Birth-place <i>Mt Harmony</i>		Occupation		Where Residing if not at place of death	
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>William Grover</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Slattery</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Difficult and prolonged</i>	How long
Immediate <i>Labor and Compression of Cord</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. L. Brayshaw</i>
	Address <i>Friendship Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Chesapeake Beach</i>		Town <i>Calvert</i>		County		MARYLAND	
Date of death <i>1905</i>	Month <i>Mar</i>	Day <i>6</i>	Age	Years	Months	Days <i>Five</i>	
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>C. Beach</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>James Hunt</i>			Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Sarah Stamp</i>			Mother's Birthplace <i>P. O. Ind</i>				
Name of person giving information <i>Merton Marquess</i>			How related to deceased <i>Cousin</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Premature Birth-</i>	How long
Immediate	<i>Inanition</i>	How long <i>15</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. R. Brayshaw</i>
		Address <i>Friendship Ind</i>
Accident or Suicide?		



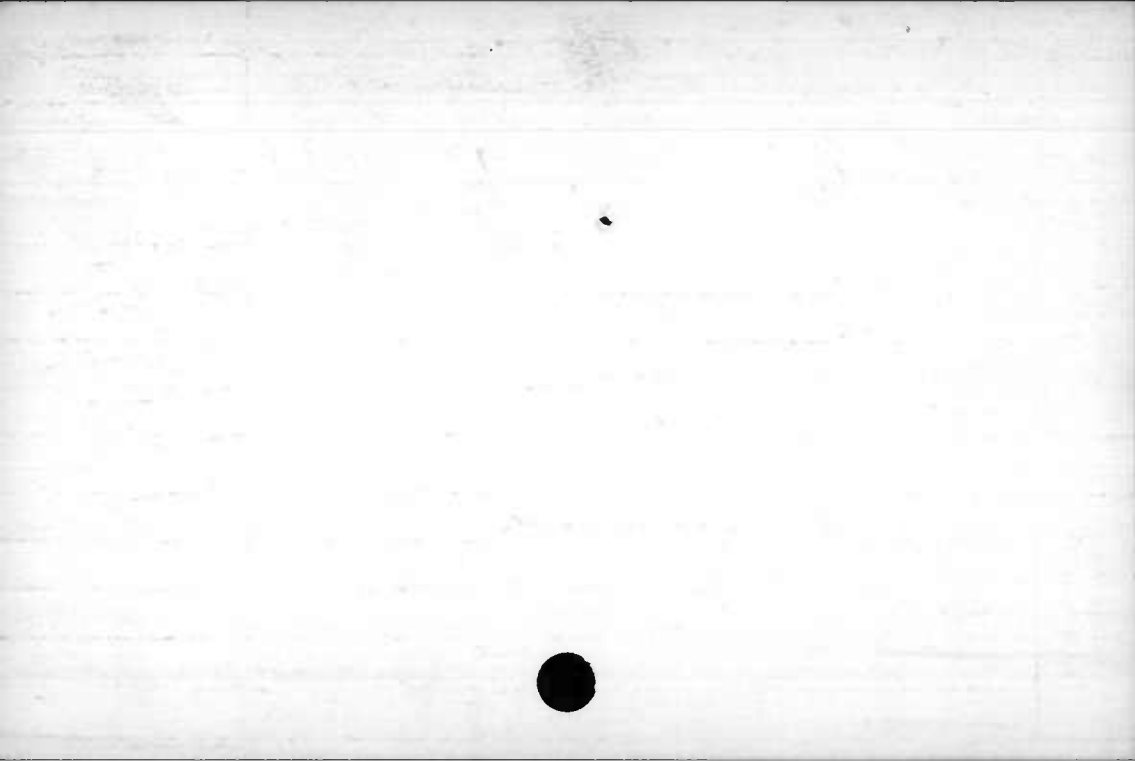
Name
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Full382
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Middle</u> <small>Town</small>		<u>Cecil</u> <small>County</small>		MARYLAND	
Date of death <u>1905</u> <small>Month</small> <u>March</u> <small>Day</small> <u>9</u>		Age <u>17</u> <small>Years</small>		<u>17</u> <small>Months</small> <u>17</u> <small>Days</small>	
Sex <u>Male</u>		Color or Race <u>Caucasian</u>		Birth-place <u>Cecil County</u>	
Occupation		Where Residing if not at place of death <u>Yes</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>Isaac Johnson</u>		Father's Birthplace <u>Cecil</u>			
Mother's Maiden Name <u>Elyse Jones</u>		Mother's Birthplace <u>Cecil</u>			
Name of person giving information <u>Isaac Johnson</u>		How related to deceased <u>Son</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>		How long <u>1 week</u>	
Immediate <u>90</u>		How long <u>90</u>	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>R. B. Bisen</u>	
Accident or Suicide?		Address <u>Middle</u>	



Name
in
Full

Odell Wrenn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Trayin* Town*Calvert* CountyDate of death *1905* Month *March*Day *19*Age *3* YearsMonths *11*Days *25*Sex *Female*Color or Race *Colored*Birth-place *Calvert Co*Occupation *None*Where Residing if not
at place of deathMarried, Single or Widowed *Single*Name of Wife or
HusbandFather's Name *George Wrenn*Father's Birthplace *Calvert Co*Mother's Maiden Name *Suzie Hilton*Mother's Birthplace *Calvert Co*Name of person giving
In formation *Es. Wrenn*How related
to deceased *Father*

CAUSES OF DEATH

Primary *Pneumonia*How long *about 5 weeks*Immediate *Exhaustion*

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Es. F. Chambers, M.D.*

Address

Lusby, Calvert Co

Accident or Suicide?

